COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

RECEIVED

MAY 18 2015

CHARITABLE TRUSTS UNIT

FOR FISCAL YEAR BEGINNING 01/01/2015

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name North Country Home Health & Hospice Agency, Inc.

Street Address 536 Cottage Street

City Littleton   **County** 05 - Grafton   **State** NH **Zip Code** 3561

Federal ID # 20300637   **State Registration #** 2708

Website Address: www.nchha.com

Is the organization's community benefit plan on the organization's website? No

Has the organization filed its Community Benefits Plan Initial Filing Information form?   Yes

> **IF NO,** please complete and attach the Initial Filing Information Form.
> **IF YES,** has any of the initial filing information changed since the date of submission?
>   No   IF YES, please attach the updated information.

Chief Executive:	Elaine Bussey	6034445317	ebussey@nchha.com
Board Chair:	Evelyn Elms	6034445317	
	evelyn03774@myfairpoint.net		
Community Benefits Plan Contact:	Elaine Bussey	6034445317	ebussey@nchha.com

Is this report being filed on behalf of more than one health care charitable trust? No

> **IF YES,** please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: To provide quality home health and hospice care, utilizing a holistic approach, while working in collaboration with all community resources, to meet the comprehensive needs of the client and their families, in a cost effective manner.

Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or population segment.

Service Area (Identify towns or region describing the trust's primary service area):

Littleton, Lincoln, Woodsville, Bath, Benton, Bethlehem, Carroll, Dalton, Easton, Franconia, Haverhill, Landaff, Lisbon, Monroe, Piermont, Pike, Twin Mountain, Sugar Hill, Whitefield, Woodstock and Warren.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

North Country Home Health & Hospice Agency, Inc. is a Medicare-Certified agency that serves an aggregate population from age newborn to end of life. Home care services are provided to patients who have a skilled need for nursing and/or therapy following a change in their health. These services are typically provided for a period of time to assist the patient to return to his optimal level of functioning, educate the patient and family and provide support. Additionally, we provide a Supportive Care program in the community in collaboration with the Bureau of Elderly and Adult Services that provides homemaking and home health aide services to the elderly, chronically ill and disabled to foster their ability to remain in their homes and avoid costly nursing home placement. The programs provided by the agency meet the skilled nursing and therapy needs of the community while also supporting their social service, personal care needs and activities of daily living. The community served has a wide range of individuals living in rural areas with varying levels of socioeconomic status and ability to access care by professionals when and where it is needed.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? 2012

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	400
2	500
3	370
4	121
5	321
6	120
7	526
8	300
9	128

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	501
B	363
C	603
D	101
E	602
F	100
G	999

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary:*

North Country Home Health and Hospice Agency provides a robust telemonitoring program which is an extension of our in home care. This program provides in-home monitoring with a

device that is provided to our patients who are receiving home care services. This system allows for more efficient use of staff time and resources while providing daily monitoring of their vital signs, including weight. This information is recorded in the home setting and transmitted to the agency where a registered nurse identifies any abnormal results. When results that are outside of the normal range for an individual patient are identified, the patient is contacted and assessed over the phone before sending a nurse for a home visit and contacting the physician. The results transmitted to the electronic medical record allow for intervention in the least costly setting – the home of the patient. The telemonitoring program allows the patient's exacerbations in illness to be identified before they become a crisis. After an identification of symptoms are made, nursing interventions or physician orders can be implemented to prevent a costly emergency room visit and/or admission to acute care. Abnormalities allow targeting patient education interventions, monitor trends in changes in status and provide nursing assessment seven days per week without the associated human resource costs.

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit Activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for all community benefit activities in that category. For each category, also indicate the primary community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

A. Community Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Community Health Education	E C A	$`0.00	$0.00
Community Based Clinical Services	8 B 5	$17,420.00	$19,500.00
Healthcare Support Services	D E F	$9,208.00	$10,000.00
Other: Telemonitoring	5 6 A	$15,349.00	$16,000.00

B. Health Professions Education	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Provision of Clinical Settings for Undergraduate Education		$`0.00	$0.00
Intern/Residency Education		$0.00	$0.00
Scholarships/Funding for Health Professionals Ed.		$11,394.00	$6,000.00
Other:			

C. Subsidized Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Provision of Care	C D	$114,303.00	$150,000.00
Adult In-Home Services	C D	$39,158.00	$25,000.00
Hospice Bereavement Services	3 G	$14,720.00	$25,000.00

D. Research	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Clinical Research		$`0.00	$0.00
Community Health Research		$`0.00	$`0.00
Other:		$`0.00	$`0.00

E. Financial Contributions	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Cash Donations		$32,447.00	$35,000.00
Grants		$108,868.00	$90,000.00
In-Kind Assistance	G 5 8	$96,797.00	$100,000.00
Resource Development Assistance			

F. Community Building Activites	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Physical Infrastructure Improvement	8 C	$5,632.00	$5,000.00
Economic Development			
Support Systems Enhancement			
Environmental Improvements			
Leadership Development: Training for Community Members			
Coalition Building	F 8 2	$4,590.00	$6,000.00
Community Health Advocacy			

G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Dedicated Staff Costs			
Community Needs/Asset Assessment			
Other Operations			

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Free and Discounted Health Care Services	2 D 8	$21,149.00	$25,000.00

I. Government Sponsored Health Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Medicare Costs Exceeding Reimbursement			
Medicaid Costs Exceeding Reimbursement	D E 8	$121,063.00	$150,000.00
Other Publicly-funded health care costs exceeding reimbursement	D E 8	$202,331.00	$200,000.00
Resource Development Assistance			

Section 5: SUMMARY FINANCIAL MEASURES

Financial Information for Most Recent Fiscal Year	Dollar Amount
Gross Receipts from Operations	$2,686,354.00
Net Revenue from Patient Services	$2,454,406.00
Total Operating Expenses	$2,800,657.00
Net Medicare Revenue	$2,418,812.00
Medicare Costs	$2,402,529.00
Net Medicaid Revenue	$259,892.00
Medicaid Costs	$380,955.00
Unreimbursed Charity Care Expenses	$21,149.00
Unreimbursed Expenses of Other Community Benefits	$793,280.00
Total Unreimbursed Community Benefit Expenses	$814,429.00
Leveraged Revenue for Community Benefit Activities	$309,857.00
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	$504,572.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
1) Residents in service area	☒	☒	☐	☐
2) State representatives and councilor	☒	☒	☐	☐
3) key community leaders	☒	☒	☐	☒
4) Business leaders	☒	☒	☐	☒
5) Civic and Health organizations	☒	☒	☐	☐
6) North Country Health Care Consortium	☒	☒	☒	☒
7) Seniors	☒	☒	☐	☐
8) Physicians	☒	☒	☐	☒
9) Clergy	☒	☒	☐	☐
10) Municipal Respresentatives	☒	☒	☐	☐
11) Granite State Independent Living	☒	☒	☐	☒
12) Community Health Center Board of Directors	☒	☒	☐	☐
13) North Country Home Health & Hospice Board of Directors	☒	☒	☒	☒
14) Hospital Board of Directors	☒	☒	☐	☐
15) County Respresentatives	☒	☒	☐	☒
16)	☐	☐	☐	☐
17)	☐	☐	☐	☐
18)	☐	☐	☐	☐
19)	☐	☐	☐	☐
20)	☐	☐	☐	☐
21)	☐	☐	☐	☐
22)	☐	☐	☐	☐
23)	☐	☐	☐	☐
24)	☐	☐	☐	☐
25)	☐	☐	☐	☐

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

North Country Home Health & Hospice Agency is a member of several interprofessional community networking groups that discusses community needs and resources available on a regular basis. The agency is a founding member of the North Country Health Care Consortium. North Country Home Health and Hospice plays a collaborative role with other healthcare providers and advocates in the identification of community need, initiative development, implementation and evaluation of outcomes. The agency is an active member of the Care Transitions Team at Littleton Regional Hospital which focuses on care transitions and reduction

in hospital readmissions. Transitional care is defined by Eric Coleman, Associate Professor of Medicine at the University of Colorado, as the specific activities that are operationalized among caregivers that create continuity of care as people move between levels of care within a setting and between different settings. Hospital readmissions are commonly the outcome of poorly coordinated care transitions (also known as handoffs) between and within care settings. It is frequently a failure of care transitions among health professionals working with the vulnerable older adult Medicare beneficiary population that puts the patient at risk for readmission to the acute care hospital. In the United States, the annual cost of readmissions to the hospital is cited among many to be $15-17 billion. Ongoing demographic and health status data is obtained through the agency's electronic health record, work with outside agencies using benchmarking data from OASIS submissions, legislative representatives and others to identify the benefit of current community initiatives and potential gaps in evidence-based community services.

Section 7: <u>CHARITY CARE COMPLIANCE</u>

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	☒	☐	☐
Written charity care policy available to the public	☒	☐	☐
Any individual can apply for charity care	☒	☐	☐
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	☒	☐	☐
Notices of policy in lobbies	☐	☐	☒
Notice of policy in waiting rooms	☐	☐	☒
Notice of policy in other public areas	☐	☐	☒
Notice given to recipients who are served in their home	☒	☐	☐

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General
101 - Access to Care; Financial Barriers
102 - Access to Care; Geographic Barriers
103 - Access to Care; Language/Cultural Barriers to Care
120 - Availability of Primary Care
121 - Availability of Dental/Oral Health Care
122 - Availability of Behavioral Health Care
123 - Availability of Other Medical Specialties
124 - Availability of Home Health Care
125 - Availability of Long Term Care or Assisted Living
126 - Availability of Physical/Occupational Therapy
127 - Availability of Other Health Professionals/Services
128 - Availability of Prescription Medications

200 - Maternal & Child Health; General
201 - Perinatal Care Access
202 - Infant Mortality
203 - Teen Pregnancy
204 - Access/Availability of Family Planning Services
206 - Infant & Child Nutrition
220 - School Health Services

300 - Chronic Disease – Prevention and Care; General
301 - Breast Cancer
302 - Cervical Cancer
303 - Colorectal Cancer
304 - Lung Cancer
305 - Prostate Cancer
319 - Other Cancer
320 - Hypertension/HBP
321 - Coronary Heart Disease
322 - Cerebrovascular Disease/Stroke
330 - Diabetes
340 - Asthma
341 - Chronic Obstructive Pulmonary Disease
350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General
361 - Immunization Rates
362 - STDs/HIV
363 - Influenza/Pneumonia
364 - Food borne disease
365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General
371 - Suicide Prevention
372 - Child and adolescent mental health
372 - Alzheimer's/Dementia
373 - Depression
374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues
401 - Youth Alcohol Use
402 - Adult Alcohol Use
403 - Youth Drug Use
404 - Adult Drug Use
405 - Youth Tobacco Use
406 - Adult Tobacco Use
407 - Access/Availability of Alcohol/Drug Treatment

420 - Obesity
421 - Physical Activity
422 - Nutrition Education
430 - Family/Parent Support Services

500 – Socioeconomic Issues; General
501 - Aging Population
502 - Immigrants/Refugees
503 - Poverty
504 - Unemployment
505 - Homelessness
506 - Economic Development
507 - Educational Attainment
508 - High School Completion
509 - Housing Adequacy

520 - Community Safety & Injury; General
521 - Availability of Emergency Medical Services
522 - Local Emergency Readiness & Response
523 - Motor Vehicle-related Injury/Mortality
524 - Driving Under Influence
525 - Vandalism/Crime
526 - Domestic Abuse
527 - Child Abuse/Neglect
528 - Lead Poisoning
529 - Work-related injury
530 - Fall Injuries
531 - Brain Injury
532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General
601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need